COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No.: 1111-10

As a below named inventor, I hereby declare that:

Our residence, post office address and citizenship are as stated below next to our name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>BATTERY POUCH</u> the specification of which

X is attached he	reto.			
was filed on _	as A _j	pplication Serial No.		·
I hereby state that I lincluding the claims, a	nave reviewed and understand as amended by any amendment	the contents of the above-identifier referred to above.	d specifica	ation,
I acknowledge the application in accorda	duty to disclose information, nce with Title 37, Code of Fede	which is material to the pateneral Regulation 1.56(a).	tability of	f this
I hereby claim forei application(s) for pate which priority is claim	ent or inventor's certificate hav	tle 35, United States Code 119 ying a filing date before that of the	of any for application	oreign on on
Prior Foreign Applica Claimed	tion(s)	P	riority	
(Number)	(Country)	(Day/Month/Year)	Yes	No
(Number)	(Country)	(Day/Month/Year)	Yes	No
(Number)	(Country)	(Day/Month/Year)	Yes	No

I hereby claim the benefit under Title 35, United States Code, 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Serial No.	Filing Date	Status
Serial No.	Filing Date	Status
Serial No.	Filing Date	Status
7 11	g attorneys and request that you dire onnected with the above-identified ap	
	John Lezdey, Registration No. 22,735	
Address all telephone of	ealls to: <u>John Lezdey</u> (727) 441-1880	<u> </u>
Address all correspond	lence to: John Lezdey & Associates 1409 North Ft. Harrison Suite A Clearwater, FL 33755	
statements made on information were made with the knowled fine or imprisonment, or both	tements made herein of our own on and belief are believed to be true ge that willful false statements and the under Section 1001 of Title 18 of may jeopardize the validity of the	and further that these statements ne like so made are punishable by the United States Code and that
Full Name of first inventor: Inventor's signature:	W. NOVIS SMITH	Date: 9/23/01
Residence: Citizenship: Post Office Address:	Philadelphia, Pennsylvania U.S.A. 412 South Perth Street Philadelphia, PA 19147	
Full Name of second inventor: Inventor's signature: Residence: Citizenship: Post Office Address:	Philadelphia, Pennsylvania U.S.A. 1930 Pemberton Street Philadelphia, PA 19146	Date: 9-23-6/